

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

05/393066

## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	9 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	365.00	OR		730.00
x\$11=		OR	x\$22=	
x38=		OR	x76=	
+120=		OR	+240=	
TOTAL	365	OR	TOTAL	730

## CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	* 9 Minus ** 20	=	
	Independent	* 2 Minus *** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x\$11=		OR	x\$22=	
x38=		OR	x76=	
+120=		OR	+240=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	* Minus **	=	
	Independent	* Minus ***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x\$11=		OR	x\$22=	
x38=		OR	x76=	
+120=		OR	+240=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	* Minus **	=	
	Independent	* Minus ***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x\$11=		OR	x\$22=	
x38=		OR	x76=	
+120=		OR	+240=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  
 The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																												
1 Date of Request: <u>5/15</u>		2 Serial/Patent # <u>373 066</u>																																																										
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 45%;">Filing</td><td style="width: 20%;">4 PAPER NUMBER</td><td style="width: 20%;">5 DATE FILED</td><td style="width: 10%;">6 AMOUNT</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">               7 TOTAL AMOUNT OF REFUND  <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ 365.00</div> </td> <td style="width: 30%;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">               8 TO BE REFUNDED BY:  <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Treasury Check  <input type="checkbox"/> Credit Deposit A/C #:             </div> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">               9 <div style="border: 1px solid black; display: inline-block; padding: 2px;">                 1 2 -- 1 0 8 6               </div> </td> </tr> </table>				7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ 365.00</div>		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Treasury Check  <input type="checkbox"/> Credit Deposit A/C #:             </div>		9 <div style="border: 1px solid black; display: inline-block; padding: 2px;">                 1 2 -- 1 0 8 6               </div>	
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 45%;">Overpayment</td><td colspan="3"></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td><td colspan="3"></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td><td colspan="3"></td></tr> </table>					<input checked="" type="checkbox"/>	Overpayment				<input type="checkbox"/>	Duplicate Payment				<input type="checkbox"/>	No Fee Due (Explanation):																																												
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11 REFUND REQUESTED BY: <div style="border: 1px solid black; width: 400px; height: 20px; margin-top: 5px;"></div>																																																												
TYPED/PRINTED NAME: <u>C. Barry</u>		TITLE: <u>EX</u>																																																										
SIGNATURE: <u>C. Barry</u>		PHONE: <u>308-7221</u>																																																										
OFFICE: <u>Patent Branch</u>																																																												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>5/30/95</u>																																																												

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ID	MCH	TRF NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
0	060	1 08393066	00472	950310	950313	101	730.00
0	040	1 08393066	00764	950417	950424	205	65.00

NO MORE TRANSACTIONS

END OF YOUR QUERY